

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 7
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE		FEC IDENTIFICATION NUMBER ▼ C C00457291	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 04 / 03 / 2014	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 385 AVERY LN		Amount 344.39	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.68513
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2014
Name of Federal Candidate MARK BEGICH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		757.65	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 385 AVERY LN		Amount 1416.27	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.68514
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2014
Name of Federal Candidate MARK L PRYOR		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		3115.79	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1760.66
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015

Signature